PHONE NO.: 8636196357

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| 1. File Number U . | FOR OFFICIAL INPORTAGE ONLY SOLUTION READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL OLIMBOON | LY BEFORE PREPARING THIS REPORT. | |
|--|---|--|--|
| 3. Name and address of person filing. Name HERMAN HUNTER A Name, file number, and address of labor organization. Name HERMAN HUNTER Name Nam | | 2. Fiscal Year Covered From: | |
| Name HERMAN MUNTER Name ABBESTOS MORKERS LOCAL UNION 67 Labor Organization File Number Q 22175 P.O. Box, Bidg., Room No., if any P.O. Box, Bulking and Room Number, if any Street 7930 US Hwy 301 N. Street 7930 US Hwy 301 N. City TAMPA State Ploxida ZIP Code +4 33637-6765 State Ploxida ZIP Code +4 23637-6765 S. Position in labor organization PAST BUSINESS MANAGER Enter appropriate data below II, during the past flecal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the arcticulons set forth in the instructions): A. Heki an interest in, engaged in irrancactions (including floans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including frade name, if any). Name Trade Name, if any | | 1 / 1 / 2004 Through: 12 / 31 / 2004 | |
| Labor Organization File Number [2] 27.75 P.O. Box, Bidg., Room No., if any [P.O. Box, Bulkling and Room Number, if any] Street [7930 US Hwy 301 N. | 3. Name and address of person filling. | 4. Name, file number, and address of labor organization. | |
| P.O. Box, Bidg. Room No., if any Street [7930 US Hey 301 N. Street [7930 US Hey 301 N. Street [7930 US Hey 301 N. City TAMPA | Name HERMAN HUNTER | Name ASBESTOS WORKERS LOCAL UNION 67 | |
| Street 7930 US Hwy 301 N. Street 7930 US Hwy 301 N. City TAMPA City | | Labor Organization File Number 022175 | |
| State Florida ZiP Code +4 33637-6765 State Florida ZiP Code +4 33637-6765 5. Position in labor organization PAST BUSINESS MANAGER Enter appropriate data below II, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in irrenscations (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 5. Name and address of Employer (including trade name, if any). Name 7.a. Nature of Interest, Transaction, or income. Signature 7.a. Nature of Interest, Transaction, or income. | P.O. Box, Bkfg., Room No., if any | P.O. Box, Building and Room Number, if any | |
| State Ploxida ZIP Code +4 33637-6765 State Ploxida ZIP Code +4 33637-6765 5. Position in labor organization PAST_BUSINESS_MANAGER Enter appropriate data below If, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in francactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including frade name, if any). Name P.O. Box, Bidg., Room No., If any 7.a. Nature of interest, Transaction, or Income. Signature 15. Signature and verification. The undereigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitting in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions): Signed Hearmon H. Hamman H. Hamman On SITE IDS (8133-925-3067) | Street 7930 US Hwy 301 N. | Street 7930 US Hwy 301 N. | |
| Enter appropriate data below II, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City Slate Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that ell of the Information submitted in this report (including the information contained in any accompanying documents), has been exemined by the signatory and u, to the best of the undersigned sknowledge and belief, tire, correct, and complete. (See the section on penalties in the instructions.) Signed Alexanach Amanda. On SITE (63) | Сну ТАМРА | City TAMPA | |
| Enter appropriate data below II, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City Slate Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that ell of the Information submitted in this report (including the information contained in any accompanying documents), has been exemined by the signatory and u, to the best of the undersigned sknowledge and belief, tire, correct, and complete. (See the section on penalties in the instructions.) Signed Alexanach Amanda. On SITE (63) | State Florida 21P Code + 4 33637-6765 | State Florida ZIP Code + 4 33637-6765 | |
| 6. Name and address of Employer (including frade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Human H Human On SIZIOS (813-985-3067) | Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | |
| Trade Name, if any: P.O. Box, Bldg., Room No., If any 7,b, Amount. Street City State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and compiste. (See the section on penalties in the instructions.) Signed Hamman Hamman Hamman On SIZOS [813-985-3067] | | | |
| P.O. Box, Bidg., Room No., If any 7,b. Amount. Street City State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that ell of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Hermon H. Humber On STIZIOI 813-985-3067 | Name | The second secon | |
| Street City State Signature Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that ell of the Information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Hamman Hamman Hamman On SIZOS 1813-985-3067 | Trade Name, if any: | | |
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| Signature Signature Signature 15. Signature and varification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that ell of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Hermon H Humb On SIZIOI [813-985-3067] | Street | | |
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| submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Hermon H Humb On 3/12/03 813-985-3067 | | | |
| | insumossa yna ol banistoco dollamidini adi onibulonii honar sidi ni barilmous | ring documents), has been examined by the signatory and is, to the best of the | |
| | signed Hermon & Huento | The second secon | |

PHONE NO. : 8636196357

| Name of Person Filing HERMAN HUNTER | | File Number U - | | | |
|--|--|--|---------------------------|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or teasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | |
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg Room No., if any Street | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | | | |
| State ZIP Code + 4 | | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., If any Street | 11.a. Nature of such dealing | | | | |
| City State Florida ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. 12.a. Nature of Interest held or income received. | | | | |
| | 12.b. Amount, | AS I I A MARIN I ARCHARA DA SALA A A A A A A A A A A A A A A A A A | | | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name (ASBESTOS WORKERS LOCAL UNION 67 | Reimbursement for while performing a Date of payment: | administrative ac | penses incurred tivities. | | |
| P.O. Box, Bldg., Room No., If any Street 7930 US Hwy 301 N. City TAMPA State Florida ZIP Code + 4 | | | | | |
| 13.b. Is the Business an Employer S or Consultant 7 | 14.b, Amount of payment. | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | \$49 | | |

PHONE NO. : 8636196357

| Name of Person Filing HERMAN HUNTER | File Number U- | | |
|--|--|--|--|
| B. Held an Interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization. | Wise dealing with the business ively seeking to represent, or directly to or otherwise | | |
| 8. Name and address of Business (including trade name, if any). Name { Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City | 9. Business deals with; a. Labor Organization b. Trust c. Employer | | |
| State 2 P Code + 4 | | | |
| 10. If 9.b. or 9.c. is checked give trust or amployer's name. Name Trade Name, if any; P.O. Box, Bldg., Room No., if any Street City State Florida ZIP Code + 4 | 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | | |
| C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money | er parts A and B above) y or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ASBESTOS WORKERS LOCAL UNION 67 Trade Name, if any: P.O. Box, Bldg Room No., if any Street 7930 US Kwy 301 N. City TAMPA State Florida ZIP Code + 4 | 14.8 Nature of payment. Reimbursement for out of pocket expenses incurred while performing administrative activities. Date of payment: 4/23/2004 | | |
| 13.b. is the Business an Employer X or Consultant 7 | 14.b. Amount of payment. \$174 | | |

FROM : CRYSTALMAG-HUMPHREYS, CPA PHONE NO. : 8636196357 Aug. 12 2005 07:59AM P10 File Number U-Name of Person Filing HERMAN HUNTER B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is chacked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State Florida ZIP Code + 4

| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | |
|--|--|
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. |
| (including trade name, if any), | Reimbursement for out of pocket expenses incurred |
| Name ASBESTOS WORKERS LOCAL UNION 67 | while performing administrative activities. Date of payment: 4/23/2004 |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street 7930 US Hwy 301 N. | |
| City TAMPA | |
| State Florida ZIP Code + 4 | |
| 13.b. Is the Business an Employer X or Consultent 7 | 14.b. Amount of payment. \$54 |

| FROM: CRYSTALMAG-HUMPHREYS,CPA PHONE NO | .: 8636196357 Aug. 12 2005 08:00AM P11 | | | |
|---|---|--|--|--|
| Name of Person Filing HERMAN HUNTER | File Number U- | | | |
| B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization. | rwise dealing with the business lively seeking to represent, or directly to, or otherwise | | | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | | | |
| Name { | a. Labor Organization | | | |
| Trade Name, if any: | b. Trust | | | |
| P.O. Box, Bkdg., Room No. if any | c. Employer | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | |
| Nатте | | | | |
| Trade Name, If any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | 11.b. Approximate dollar value of such dealing. | | | |
| City | 12.a. Nature of interest held or income received. | | | |
| State Florida ZIP Code + 4 | | | | |
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| | 12.b. Amount. | | | |
| C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone | ler parts A and B above) y or other thing of value. | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | | | |
| (including trade name, if any). | Reimbursement for out of pocket expenses incurred while performing administrative activities. Date of payment: 7/14/2004 | | | |
| Name ASBESTOS WORKERS LOCAL UNION 67 | Date of payment: 7/14/2004 | | | |
| Trade Name, if any: | | | | |

14.b. Amount of payment

City TAMPA
State Florida

P.O. Box, Bldg., Room No., if any Street 17930 US Hwy 301 N.

13.b. Is the Business an Employer [X]

ZIP Çođe + 4

or Consultant

540

| PHONE NO. : 863619 |
|--------------------|
|--------------------|

| Name of Person Filing HERMAN HUNTER | | File Number U- | | |
|--|--|--|----------------------------|--|
| 8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | |
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 | 9. Auslness deals with; a. Labor Organiza b. Trust c. Employer | ation | | |
| 10. If 9.b. or 9.c. is chacked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bldg., Room No., If any Street City State Florida ZIP Code + 4 | 11.a. Nature of such deal | ve of such dealing. | | |
| | 12.b. Amount | Petrograph and Committee of the Committe | | |
| C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ASBESTOS WORKERS LOCAL UNION 67 Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 7930 US Hwy 301 N. City TAMPA State Florida ZIP Code + 4 | er parts A and B above) or other thing of value. 14.a. Nature of payment. Reimbursement for | out of pocket exadministrative ad 12/17/2004 | penses incurred crivities. | |
| 13.b. Is the Business an Employer or Consultant 7 | 14.b. Amount of payment. | Mary Mary Mary Control of the Contro | \$604 | |
| idea of all pagintage an embigial in [as appropriate [] | | | | |